

YOUTH FORM

Diocese of Little Rock / Office of Catholic Youth Ministries

PARENTAL/GUARDIAN MEDICAL CONSENT AND LIABILITY WAIVER

Participant's Name: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian's Name: _____ Home Phone(____) _____

Alternate Phone Number: (____) _____ Cell Phone Pager Work

Parish: _____ Grade _____ Age _____ Sex: M/F

CONSENT & LIABILITY WAIVER

Important! To be filled out by the Parent/Guardian for youth under 18 years of age. If participant is 18 years of age or older, consent must be signed by the individual.

I (name of parent/guardian) _____, grant permission for my child, (participant's name) _____, to participate in (event) the **National Catholic Youth Conference_NCYC**, to be held **November 19 – 22, 2015**, and **travel roundtrip from your bus pick-up location in Arkansas to Indianapolis, Indiana and travel in the environs of Indianapolis during the conference.**

I agree on behalf of myself, my child's other parent if known, or living (name of parent) _____. My child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Diocese of Little Rock, the sponsoring parish (its pastor, youth minister, other agents, etc.) or any representatives associated with the scheduled activity unless the parties involved were careless or negligent. Also, my signature allows the use of any photographs taken of my child at this event to be used for promotional purposes by the Diocese of Little Rock.

Signature (Parent/Guardian)

Date

Signature
(Participant 18 years of age or older must sign own consent)

Date

MEDICAL CONSENT

Medical Matters

I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign only those in accordance to your wishes:

Emergency Medical Treatment

In the event of any emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of any emergency and you are unable to reach me, contact:

Name & Relationship _____ Phone (____) _____

Family Doctor: _____ Phone (____) _____

Medications

My child will bring all such medications, well labeled, that are necessary. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency are as follows:

My child is taking the following medication at the present time:

Medication(s): _____ Dosage _____ Medication _____ Dosage _____ Medication _____ Dosage _____

Administer: _____

_____ I hereby **DO NOT GRANT PERMISSION** for medication of any type, whether prescription or nonprescription may be administered by my child unless the situation is life threatening and emergency treatment is required. (Please initial)

_____ I hereby **GRANT PERMISSION** for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable. (Please initial)

MEDICAL CONDITIONS INFORMATION

(Diocesan personnel will take reasonable care to see that the following information will be held in confidence)

My son/daughter has: _____

Has had an episode of the following or has been diagnosed Seizures Asthma Diabetic

Allergic reactions to the following (foods, dyes, latex, etc.) _____

Has had medical surgery within the last six months? Yes No Still under Doctor's care? Yes No

Has a medically prescribed diet? _____

The following physical limitations? _____

Immunizations current and up to date: Yes No Date of last tetanus/diphtheria immunization _____

You should be aware of these special medical conditions of my child: _____

INSURANCE INFORMATION

(Please attach a copy of the Insurance Card, front and back, with this form)

Insurance Carrier: _____

Name of Insured: _____

Insurance ID Number: _____ Insurance Policy Number: _____

Father's Name: _____ Birth Date: _____

Place of Employment: _____

Mother's Name: _____ Birth Date: _____

Place of Employment: _____

No, I do not carry medical insurance at this time.

In the event it comes to the attention of the chaperones associated with the activity that my child becomes ill with repeated symptoms such as headache, vomiting sore throat, fever, diarrhea, I want to be called immediately. If this will be a long distance call, I want to be called collect (with phone charges reversed to myself).

Signature (Parent/Guardian) Parent Guardian must sign for anyone under 18 years of age

Date

Signature (Participant 18 years of age or older must sign own consent)

Date

**Diocese of Little Rock
Catholic Youth Ministries
National Catholic Youth Convention
Indianapolis, IN
November 19-22, 2015**

Code of Behavior

At all Diocesan sponsored activities, we expect you to represent the Diocese of Little Rock well! We hope that you will display the mature, responsible leadership and character, which has for so many years been the trademark of Catholic youth within this diocese.

CODE OF BEHAVIOR:

1. Participants are expected to attend all sessions of this activity. Name badges must be worn at all times.
2. Dress code: casual - no inappropriate t-shirts, tops/dresses with spaghetti straps, halters, short-shorts, or midriff tops, yoga pants or Nike sport shorts. No underwear showing from jeans/pants being worn too low. If dressed inappropriately, the individual will be asked to change. No shorts for Mass.
3. Individuals are responsible for their own actions and will be asked to assume the natural consequences for any negative behavior. Each participant will take full responsibility for any damage or theft.
4. Participants may not leave the activity site unless accompanied by their parent/guardian or an adult from their parish.
5. The possession and/or use of alcohol, tobacco products and drugs are prohibited.
6. Christ-like behavior is promoted and expected at all times. Therefore, inappropriate contact, touch, gesture, language or activity of a sexual nature, which would offend any person, is unacceptable.

Infractions of these rules will result in the diocesan director discussing the infraction with the participant. In the unlikely event that a behavior problem based on the above requires extreme action, it is likely to result in dismissal from the activity. One= parent/guardian is responsible for removing participant from the event site.

I understand and accept this code of behavior.

(Participant's signature)

(Date)

I consent to the conditions stated above on participation in this event.

(Parent/Guardian's signature)

(Date)

Phone number (Day) _____ (Night) _____

Cell Phone Number: _____

Contact person if parent/guardian are unavailable

(Phone #)

NFCYM/NCYC

GENERAL RELEASE, COVENANT NOT TO SUE, LIABILITY WAIVER, AND PERMISSION AGREEMENT

YOUTH PARTICIPANT

(Arch)Diocese of Little Rock

Parish/School _____

Instructions: A separate copy of this Legal Agreement must be completed for *each* child traveling to the Conference. Each child must submit a signed, *notarized* copy of this Agreement *signed by both the child and a parent/guardian*, or the child will not be permitted to attend the National Catholic Youth Conference (the "Conference") sponsored by the National Federation for Catholic Youth Ministry, Inc. ("NFCYM"). Because it contains emergency contact information, it is advisable to keep a copy of this signed Agreement in the child's name badge at all times during the Conference. **By signing this Agreement, you freely and voluntarily agree that you may be giving up legal rights and remedies available to yourself and your family. Read and complete this Agreement carefully. If you have questions, contact an attorney. No changes can or will be made to this document.**

Child's Name: _____

Parent/Guardian's Name: _____

Complete Home Address: _____

Home Ph: _____ Date of Birth: _____

A) Parent/Guardian Emergency Contact Name and Telephone Numbers:

Name: _____ Relationship: _____

Cell Ph: _____ Work Ph: _____ Home Ph: _____

B) If "A" Unavailable, Alternate Emergency Contact Name and Telephone Numbers:

Name: _____ Relationship: _____

Cell Ph: _____ Work Ph: _____ Home Ph: _____

Nature of the Conference Event: I understand that the nature of this private Conference event sponsored by NFCYM and its member Roman Catholic Dioceses is: it will be held at the Indiana Convention Center and Lucas Oil Stadium ("Facilities"), in Indianapolis, Indiana, from November 19 to 21, 2015, some 25,000 youth and adults will attend over three days, and as a condition of using the Facilities, the Facilities require the Conference to retain security and medical personnel whose actions are beyond NFCYM's control. The Conference will be in session from noon-10:30 PM on day one, 7:30 AM-10:30 PM on day two, and 7:30 AM-11:30 PM on day three, excluding breaks for meals and/or recreational activities.

Nature of Risks: I understand that voluntarily traveling to and attending a Conference of this nature may involve certain risks beyond the reasonable control of NFCYM, its officers, directors, volunteers, and agents in connection with the Conference ("NFCYM et al.") and the Diocese and all parishes within it, and their respective officers, directors, volunteers and agents, and chaperons or representatives associated with the Conference ("Diocese et al."), including but not limited to accidents, emergencies, exposure to reckless conduct of other persons, and/or negligence of security and medical personnel, and that NFCYM et al. and the Diocese et al. disclaim any and all responsibility for any such risks. I understand that my child will sometimes be at the Facilities, and at other times may be at other places such as hotels or on tourist excursions in or about Indianapolis. If during any break in the Conference there may be an opportunity to participate in recreational or other activities away from the Facilities, participants do so at their own risk and subject to all terms and conditions set by any recreational or other provider.

General Release & Waiver of Liability/Covenant Not to Sue & Hold Harmless: By signing this Agreement, I agree and acknowledge that I may be giving up important legal rights and remedies available to myself, my family, my heirs, successors, and assigns. This is a "General Release" which means that I am giving up and releasing important legal rights described below, and it is to be construed in the broadest possible manner.

For value received, I agree on behalf of myself, my child's other parent if known or living, my child named herein, and our heirs, successors, and assigns ("Our Behalf") that I assume all risks and waive any liability of any nature whatsoever against and agree to hold harmless NFCYM et al. and the Diocese et al. with respect to any and all actions, claims or demands that may be made or brought on Our Behalf against NFCYM et al. and/or the Diocese et al. arising out of or in connection with my child's travel to or attendance at the Conference, or any other activity my child may engage in while in the Indianapolis area. In addition, and not by way of limitation, I further agree to abide by any terms and conditions imposed by name badges or credentials, e.g., permission to photograph.

A "Covenant Not to Sue" is a legal term that means a person promises not to file a lawsuit. It is different from the General Release of claims above. Besides waiving and releasing the claims covered above, I covenant on Our Behalf not to sue and promise never to file or prosecute any legal claim of any kind against NFCYM et al. and the Diocese et al. in any federal, state or municipal court, asserting any claims that are released by this Agreement. I am also waiving on Our Behalf any right to monetary recovery.

OVER--THIS FORM CONTINUES ON THE NEXT PAGE.

NFCYM/NCYC GENERAL RELEASE, COVENANT NOT TO SUE, LIABILITY WAIVER, AND PERMISSION AGREEMENT (YOUTH)
- continued

Further, for value received, for any injury to third parties that may arise because of my child's actions or omissions, I agree on Our Behalf to hold harmless and defend NFCYM et al. and the Diocese et al. with respect to any and all actions, claims, expenses, or demands arising therefrom that may be made or brought against NFCYM et al. and/or the Diocese et al., including but not limited to reasonable attorneys' fees and expenses arising in connection therewith.

Medical Permissions (Limited): As a condition attending the Conference at the Facilities, on Our Behalf, I grant permission in the event of an emergency or accident for emergency medical care to be administered to my child within the Facilities and/or during or after transportation to a hospital or doctor for emergency medical care. I understand that in Indiana a person may claim Good Samaritan defenses for providing in good faith gratuitous emergency care at the scene of any emergency or accident. I further understand that it is not the responsibility of NFCYM et al. to attempt to reach my child's emergency contacts and that I remain responsible for my child's medical expenses. In the event it comes to the attention of the medical personnel or the Diocese et al. that my child complains of illness, I grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child by medical personnel or the Diocese et al.

NFCYM Conference Code of Behavior for Children: Parent/Guardian: I agree to instruct my child to abide by all rules and regulations as outlined in the NFCYM Youth Participant Code of Conduct (the "Code") (www.nfcym.org/youthprotection/index.htm). I understand that if I have not heretofore seen the Code, it is my duty to seek a copy of the Code and to have reviewed it and explained it to my child prior to signing this Agreement. I agree that if my child fails to abide in any way by the Code, that my child can be dismissed from the Conference and sent home immediately at my expense for the immediate transportation home with no right of reimbursement or refund for any amount in connection therewith from NFCYM et al.

Initials of Parent/Guardian _____

Youth: As a participant in the Conference, I understand and agree to conform to the NFCYM Youth Participant Code of Conduct (www.nfcym.org/youthprotection/index.htm). I also understand and agree that my parent/guardian will be notified at the time of any infractions requiring my dismissal from the Conference and that I will be sent home at my parent's/guardian's expense. Among other things, being found with any alcoholic beverages, drugs, or weapons is cause for automatic dismissal from the Conference.

Initials of Youth _____

Conference Fee Nonrefundable: I agree that if my child suffers an illness requiring dismissal from the Conference, there is accident or emergency requiring dismissal of my child from the Conference, my child commits an infraction of the Code, or if the Conference must be discontinued in event of accident or emergency, my child must return home at my expense, and I assume the risk of any loss of any nonrefundable or additional costs associated with travel and fees for the Conference, with no right of reimbursement or refund for any amount in connection with therewith from NFCYM et al. or the Diocese et al.

Insurance: Please visit the *Allianz Global Assistance* website (www.allianztravelinsurance.com) or call them directly (866-884-3556) for a description of the travel insurance benefits and assistance services offered. Please indicate below:

- _____ **YES**, I have purchased a travel insurance package from *Allianz Global Assistance* and have paid the fee for this directly to *Allianz Global Assistance* in order to manage any risks I may experience by attending the Conference.
- _____ **NO**, I declined to purchase a travel insurance package, but acknowledge that I was offered and declined this risk management opportunity.

I fully understand the consequences of and sign this **GENERAL RELEASE, COVENANT NOT TO SUE, LIABILITY WAIVER, AND PERMISSION AGREEMENT** knowingly, freely, and willingly.

Signature of Parent or Guardian _____ **Date** _____

Signature of Youth _____ **Date** _____

NOTARY (REQUIRED)

City/County of _____; State of _____

On this _____ day of _____, 2015, before me personally appeared the adult named hereinabove, who is personally known to me or produced positive identification, and who executed the foregoing GENERAL RELEASE, COVENANT NOT TO SUE, LIABILITY WAIVER, AND PERMISSION AGREEMENT, and acknowledged that he/she executed the same as his/her free act and deed.

Signature of Notary Public: _____

[NOTARIAL SEAL]

My commission expires: _____

NCYC Youth Code of Conduct

(excerpted from *Safeguarding God's Children: NFCYM Policies for Protecting Young People*)

Youth participants will:

- Project an image of Christian consideration, sensitivity, and respect to everyone and to the property around them through language, dress, and behavior
- Refrain from inappropriate touching and verbal harassment
- Respect other persons and/or property
- Refrain from actions that could result in injury and/or damage to property
- Adhere to stated curfew
- Wear appropriate credentials in order to gain and maintain access to NFCYM events and activities
- Keep their personal belongings with them at all times
- Attend all scheduled activities, arriving promptly, and staying for the entire event
- Be aware of noise levels in lobbies, hallways, and sleeping areas, especially later in the evenings
- Maintain the spirit of the event
- Report problems of any kind to a trusted adult

Youth participants will not:

- Possess weapons of any kind
- Purchase, possess, consume, or distribute alcohol
- Purchase, possess, consume, or distribute illegal drugs
- Engage in any form of sexual activity or peer sexual harassment
- Purchase, download, possess, or distribute pornography
- Visit or gather in hotel rooms with the opposite gender

Youth participants will be aware of what are and *are not* appropriate behaviors in terms of relationships between adults and youth, and with their peers:

The following behaviors are generally considered appropriate at an NFCYM event:

- Side hugs
- Shoulder to shoulder or “temple” hugs
- Handshakes
- “High-fives” and hand slapping
- Verbal praise for a job well-done (not regarding physical attributes)
- Touching hands, faces (usually in context of a blessing), shoulders, and arms of minors
- Arms around shoulders
- Holding hands while walking with younger minors
- Sitting beside younger minors
- Kneeling or bending down for hugs with younger minors
- Holding hands during prayer
- Pats on the head when culturally appropriate

The following behaviors are generally considered inappropriate at an NFCYM event:

- Inappropriate or lengthy embraces
- Kisses on the mouth
- Holding children on the lap who are capable of sitting on their own
- Touching bottoms, chests, or genital areas
- Showing affection in isolated areas of a facility such as bedrooms, restrooms, bathrooms, closets, staff-only areas, or other private rooms
- Being in or on a bed with an adult
- Touching knees or legs of minors
- Wrestling with minors
- Tickling minors
- Piggyback rides
- Any type of massage given by minor to adult or another minor
- Any type of massage given by adult to minor
- Any form of unwanted affection or peer sexual harassment
- Compliments or put downs that relate to physique or body development
- Going to an isolated area away from the group, or being taken to an isolated area by an adult or peer

If a problem of any kind occurs during an NFCYM-sponsored youth event, young people will immediately go to a trusted adult to discuss the matter.

Youth and parents understand that failure to agree to and abide by the Youth Code of Conduct will bar youth from participation in any NFCYM-sponsored youth event.

Youth Participant Sanctions for Non-Compliance

For the most part NFCYM never has direct responsibility for chaperoning the conduct of youth participants in its programming and events. NFCYM relies on group leaders from participants' home dioceses or other chaperones to ensure that every young person attending an NFCYM-sponsored event is aware of the Youth Code of Conduct and the sanctions for non-compliance. Group leaders, chaperones, and/or parents bear the responsibility for sharing this information with youth participants. Their failure to do so does not excuse any inappropriate behavior on the part of youth participants nor does it affect NFCYM's ability to levy sanctions. Youth participants are held to the Youth Code of Conduct regardless.

If a young person violates the Youth Code of Conduct, any or all of the following sanctions may be implemented:

- Reporting of misconduct to local authorities, if the violation in any way violates local ordinances or laws.
- Dismissal of the youth from the NFCYM event or program by requesting that the group leader remove the youth from the event (whereby it would become the responsibility of the group leader/chaperone/parent to ensure timely, accompanied, and safe transportation home).

Signature of Youth: _____

Date: _____